

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KS	71533	3/2/98 4/2/98

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

SECTOR

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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